

Helping Adolescents Cope with Depression

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Key Words

Adolescence, anxiety, cognitive behaviour therapy, compassion, coping, depression, psycho-education, resilience.

Summary

This article details the nature of depression in adolescents, focuses on the role of the guidance counsellor in responding to students who may have depression, presents an overview of how guidance counsellors can help adolescents cope with depression, using cognitive behavioural principles and mindfulness, stresses the importance of guidance counsellors looking after themselves and highlights how Aware can support guidance counsellors. It illustrates how they can use the 'Coping Triangle' (Hayes, 2006, 2011) and references a wide-range of practical information and support.

Introduction

Adolescence brings many challenges for young people. During this time they are expected to work out their identities, develop independence, explore their sexuality, negotiate relationships, face academic pressures and prepare for adulthood. It is a time when some of them experiment with alcohol and other substances. Many, if not all, have moments when they are particularly sensitive and moody. While the vast majority of young people successfully cope with adolescence, some do not. Approximately one in twenty adolescents experience moderate to severe depression (Buckley, 2013). It can be difficult for parents and guidance counsellors, as well as the young people themselves, to recognise what is 'normal moodiness' and what may actually be depression.

Adolescence also brings many challenges to parents, teachers and guidance counsellors. This article is written as a resource for guidance counsellors to enable you to

1. Explore your own experiences and beliefs of adolescence and depression
2. Develop your own knowledge and understanding of depression and how it can impact on adolescents
3. Support young people who may be experiencing depression.

On behalf of Aware I would like to thank the National Centre for Guidance in Education for asking me to contribute to this section of the Handbook for Guidance Counsellors. The structure of the piece is as follows:

1. The guidance counsellor, adolescence and depression
2. Definitions of depression
3. Diagnosing depression in adolescents
4. Causes of depression in young people
5. Treating a young person with depression
6. The role of the guidance counsellor in responding to students who may have depression
7. An overview of how guidance counsellors can help adolescents cope with depression, using cognitive behavioural principles
8. A description of how Aware can provide support to guidance counsellors in helping adolescents cope with depression.

1. The Guidance Counsellor, Adolescence and Depression

Depression is too common. The World Health Organisation projects that depression will be the number one global burden of disease by 2030, surpassing heart disease and cancer, and anticipated to be the number two burden by 2020. It defines depression as a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration (WHO, 2013). Depression is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life. Especially when long-lasting and with moderate or severe intensity, depression may become a serious health condition. It can cause the affected person to suffer greatly and function poorly at work, at school and in the family. People with depression may have a sense of hopelessness, about themselves, the world and the future (Beck et al, 1979). At its worst, depression can lead to suicide (WHO, 2012). However, it is essential to emphasise that a diagnosis of depression does not mean that suicide is the inevitable outcome (Hayes, 2012a). This is a key message of hope, which guidance counsellors are in an ideal position to promote. They can only do that however, if they are looking after their own mental health.

It is likely that some guidance counsellors will have personal experience of depression, which can impact on how they work with young people. All guidance counsellors will have personal experience of adolescence, which can impact on their work also. The debate as to what is 'normal' and 'abnormal' in adolescence has gone on for years, with no easy answer. My experience of many people who have depression is that they believe that they are 'not good enough'. They can be extremely hard on themselves and put enormous pressure on themselves to be perfect. Guidance counsellors frequently place themselves under extreme pressure anyway, while often hiding any signs of stress with a smile. They can be brilliant at spotting vulnerable students and work tirelessly to support them and ignore any signs of distress in themselves, possibly, harshly labeling these as 'weak'. The old adage is so true – we really are not able to continue to give and care for others if we do not look after ourselves.

One of the best books which I have ever read continues to be 'When helping you is hurting me: Escaping the Messiah Trap' by Carmen Renee Berry. This was published initially in 1988 and has been republished in 2013 (Berry, 2013). A book review on this that I wrote for guidance counsellors, (Hayes, 2000), emphasises how important it is for people in the 'helping professions' to be mindful of their own need for support. Please take some time to explore your reactions to the following questions. They are deliberately intended to help you reflect on your own experiences and attitudes towards adolescence and depression.

Some Questions for Guidance Counsellors to Explore:

- What was your own adolescence like?
- Would you consider it 'normal'?
- How do the challenges facing adolescents now differ from those you faced?
- Do you consider that you dealt with those effectively?
- Why? Or why not?
- What is your understanding of depression?
- Have you had personal experience of depression?
- If so, what have you found helpful in coping with it?
- If not, how do you view people who have depression?
- How do you see your role as guidance counsellor with young people who may have depression?
- What are the key questions you would like answered from reading this resource on helping guidance counsellors help adolescents with depression?

2. Depression in Adolescents

The tragic increase in recent years of teenage suicide has placed the spotlight on the pressures some young people experience, the difficulties they have in coping and the question of how adults can best help them. Some mental disorders such as schizophrenia and eating disorders may present during adolescence necessitating professional help. These may be easier for the guidance counsellor to spot than depression as 'moodiness' has typically been seen as a normal part of adolescence. Young people themselves as well as their parents may confuse 'feeling down' with depression which needs professional treatment.

The symptoms of depression in adolescence are similar to the mood swings normally associated with adolescence. A diagnosis of depression is usually made when the symptoms are present practically all day, every day for two weeks. Symptoms of depression include low mood, increased irritability, difficulty in sleeping, withdrawing, a sense of worthlessness and possible suicidal

ideation. The Diagnostic Statistical Manual (DSM) is a resource that clinicians typically use to identify if someone has a particular disorder. It has recently been revised for the fifth time (DSMV, 2013). While there are some changes in the diagnosis of depression in adults, the diagnosis of depression for children and adolescents remains the same (Grohol, 2013). Adolescents with depression have been found to differ from adults in that they may exhibit more irritability or moodiness than true sadness and that signs of depression may emerge more when they are alone or with family than when they are with friends (Teicher, 2007). Dr. Sarah Buckley, Consultant Psychiatrist, St Patrick’s Hospital, Dublin gave a public lecture for Aware in St. Patrick’s Hospital on the 9th of January 2013 entitled “Depression in Adolescents”. This is available on the Aware website at <http://www.aware.ie/listen-or-watch-back-to-the-january-lecture-online/> (Buckley, 2013) and is an excellent resource for guidance counsellors.

The Children’s Depression Inventory (Kovacs, 2004) has ten items that can give us a sense of how broad depression is. These look at:

- How often a child is sad
- Their sense of whether things will work out for them
- Their view of how well they do things
- The extent to which they like themselves
- How often they feel like crying
- How often things bother them
- Their views about their appearance
- The extent to which they feel alone
- Their view regarding the amount of friends they have
- Whether they consider that they are loved.

While it may not be appropriate for guidance counsellors to use these items to ‘measure’ the level of a young person’s depression, they can ask questions around each of these areas if they are unsure whether to recommend a visit to a GP. It can also be useful to check the level of intensity, frequency and duration of their symptoms as a way of distinguishing from the normal ‘ups and downs’ and depression. Aware uses the acronym “Festival” as a checklist of the symptoms of depression. It is important that if you notice that a young person in your care has five or more of these symptoms and these last almost all day, every day, for a period of two weeks or more, that you follow your school policy, contact the parents and advise them to bring their child to a GP or mental health professional who will determine if depression may be a factor and will advise appropriate treatment, if required. The symptoms are:

Feeling	Sad, anxious, bored
Energy	Low energy, feeling tired, fatigued
Sleep	Under or over sleeping, frequent wakening
Thinking	Slow thinking, poor concentration
Interest	Loss of interest in hobbies/food/family etc.
Value	Low self-esteem
Aches	Physical aches/pains associated with stress/anxiety e.g. headaches, tummy pains
Life	Loss of interest in life, thinking about death/suicide

3. Causes of Depression in Young People

In the past, there very extreme views as to the causes of depression. On one side it was seen as a chemical imbalance, on the other, a complete inability to cope. Neither was particularly helpful and the true causes are much more complex and are best understood in a Bio-Psycho-Social model, i.e.

people may be vulnerable towards developing depression as result of their biological makeup and/or their psychological resources and/or their social circumstances. They may also be resilient to developing depression because of their own inner strengths, and/or external supports (Hayes, 2006). Two young people may experience similar types of adverse difficulties, such as severe bullying. One may have had previous difficulties such as a history of sexual abuse, low self-esteem, a parent who has depression or alcohol abuse and may have learned to respond to life's challenges with a sense of hopelessness. The second may also have had experienced similar difficulties but has learned to respond assertively, to seek and take help and to look at life in a more hopeful way. Gender differences are difficult to establish as while more females may report symptoms of depression, as many, if not more males may experience it. As there could be so many causes of depression, some of which can not be avoided, it is important to focus on how to help a young person prevent and/or cope with depression.

4. Treating a Young Person with Depression

As a young person who has depression can be at risk for a number of other difficulties including relying on alcohol or other substances to numb the pain, self-harm, educational difficulties and suicidal ideation (Buckley, 2013) it is vital that he or she gets the appropriate treatment. Possible treatment options include psychoeducation, individual therapy, family therapy and medication. Psychoeducation is seen to be the first step of treatment so that adolescents and their family understand what depression is and how it can impact on mood and activity. Individual therapy, which is often cognitive behavioural treatment (CBT), looks at helping young people to challenge their cognitions and change their behaviours. Family therapy can be very important in helping improve communication patterns. Dr. Buckley's lecture gives an excellent overview of medication as a treatment for depression with a discussion on the benefits and possible side effects. In it she discussed the risk of suicide in young people who have depression and explains that while medication may initially increase suicidal thinking, it has not been found to actually cause an increase in suicide (Buckley, 2013). She highlighted the links between alcohol and suicide and noted that medication with adolescents is best used in conjunction with other treatment such as CBT. This link cannot be emphasised enough as figures released by the National Suicide Research Foundation (2013) show that over 40% of people who presented to Accident and Emergency Departments in Ireland in 2010 as a result of incidences of deliberate self-harm were alcohol related.

5. The Role of the Guidance Counsellor in Responding to Students who may have Depression

Guidance counsellors have an important role in identifying young people who may have depression as well as in supporting those who have already been diagnosed. While we may typically associate someone with depression as having a low mood, looking very sad and having a sense of hopelessness, this may not necessarily be the case. Depression can manifest as irritability or anger, and some young people may hide their true feelings of depression and come across as the 'class clown'. Guidance counsellors are clear that it is not within their role to diagnose depression but they may be the people who are best placed to spot changes in adolescents which suggest they may be experiencing difficulties, refer them to a GP and provide them with support subsequently. The Department of Education and Skills, the Department of Health, the National Centre for Guidance in Education, The Institute of Guidance Counsellors, the National Educational Psychological Service and the Health Services Executive have worked for a number of years defining and supporting the role of the guidance counsellor, particularly in relation to the counselling aspect of their role. A number of key documents have been produced in recent times and it is essential that each guidance

counsellor is familiar with these. Some that have specific relevance to how guidance counsellors can respond to and support a young person who may have depression are as follows:

- *Well-being in post-primary schools. Guidelines for mental health promotion and suicide prevention* (DES, HSE, DoH, 2013).
- *National audit of guidance & counselling practice in second level schools in Ireland, 2011-2013* (IGC, 2013).
- *My world survey: National study of youth mental health* (Headstrong, 2012).
- *Fourth annual child and adult mental health services report 2011-2012* (HSE, 2012).
- *Research on the practice of counselling by guidance counsellors in post-primary schools* (Hayes and Morgan, 2011).
- *A continuum of support for post-primary schools: Guidelines for teachers* (National Educational Psychological Service, Department of Education and Skills, 2010a)
- *A continuum of support for post-primary schools: Resource pack for teachers* (National Educational Psychological Service, Department of Education and Skills, 2010b).
- *Well-being and post-primary schooling: A review of the literature and research* (National Council for Curriculum and Assessment, 2009).
- *A whole school guidance and counselling service and curriculum: Roles and relationships* (IGC, 2008).
- *Guidance for life: An integrated framework for lifelong guidance in Ireland: Report of the National Guidance Forum* (National Guidance Forum, 2007).
- *Report on the Consultative Process of the National Guidance Forum* for the Minister for State and Enterprise and the Minister for Education and Science. (Hayes and Murray, 2007).
- *Responding to Critical Incidents; Guidelines for Schools* (National Educational Psychological Service, Department of Education and Skills, 2007a).
- *Responding to Critical Incidents; Resource Materials* (National Educational Psychological Service, Department of Education and Skills, 2007b).
- *School matters. Report on the taskforce on student behaviour* (DES, 2006).
- *NCGE in support of guidance: Policy & practice 1995-2005* (NCGE, 2006).
- *Audit on guidance in post-primary schools* (NCGE, 2000).
- *Guidelines for the practice of guidance and counselling in school* (NCGE, 1996).

In essence guidance counsellors are advised to follow their guidelines of best practice and if they are concerned that a young person may be experiencing depression that they contact their parents to inform them of their concerns and to advise that they bring him or her to their GP for follow-up assessment and treatment if appropriate. If there is a long delay between this time and diagnosis or treatment, the guidance counsellor can support the young person to acknowledge his/her feelings, become aware of thoughts as 'helpful' or 'unhelpful', challenge underlying core beliefs and in particular focus on what helpful actions he/she can take. It is also important to emphasise that working with a young person who has depression can be very difficult for the guidance counsellor, particularly if he or she also has experiences of depression, either personally or through family or friends. I recommend strongly that all guidance counsellors receive regular professional support in the form of supervision, particularly when working with young people who may have depression.

6. An Overview of how Guidance Counsellors can Help Adolescents Cope with Depression, using Cognitive Behavioural Principles

While it is not within the role of the guidance counsellor to provide psychological treatment for a young person who has depression, they are very well placed to provide support to them as part of an overall treatment plan. This is best done in collaboration with the GP and/or professional who is

treating him or her. My PhD research focused on how guidance counsellors could help adolescents cope with depression and/or anxiety using psychoeducation and cognitive behavioural principles (Hayes and Morgan, 2005; Hayes, 2004). A lecture which I gave in St. Patrick's Hospital in August 2012, entitled 'Depression: What I have learned', is available on the Aware website at <http://www.youtube.com/watch?v=thJJFpdm5yY&feature=youtu.be> (Hayes, 2012b). This presents my own thoughts in understanding depression and in helping people cope with it. It refers to the 'Coping Triangle' and the 'Coping Sentence' (Hayes, 2006, 2011) which I find very useful in helping people to acknowledge their feelings such as upset, anger, sadness and/or depression, link these to something which makes sense and then focus in a particular way on what helpful actions they can take to proactively improve the quality of their lives.

The Coping Triangle (Hayes, 2006, 2011)

The 'Coping Triangle' has three steps. The first is to work with the young person in relation to whatever he or she is concerned about to establish exactly what he/she is thinking, feeling and doing in relation to the concern. The second step is to ask themselves the following four questions:

1. Do my feelings make sense?
2. Are my thoughts helpful or unhelpful?
3. What do I believe?
4. Are my actions helpful or unhelpful?

The third step is to ask a 'Coping Sentence', which facilitates them to acknowledge their feelings, link these to something which makes sense and focus particularly on helpful action. The sentence is simple but very powerful: 'I feel because but' It can be linked with a breathing exercise as follows: '*I feel* very worried because *I think* I am going to make a mess of things *but* I choose to breathe slowly'. A breathing exercise that I find very effective is to ask the young person to tighten their non-dominant hand while breathing in, hold their breath for three seconds while thinking 'I choose to breath slowly' and then breath out while opening their hand. This distracts them from whatever unhelpful thoughts they may have been thinking and the breathing can calm their adrenaline and make them feel less anxious.

Depending on the particular circumstances guidance counsellors may work with young people who have depression in any or all of the following areas:

- ***Explore with them the meaning of depression.*** Does it mean that they are 'sick', 'weird', 'different' 'selfish' etc? Do they know anyone with depression? Do they define themselves as 'depressed' or see depression as something that they 'have'? What is their worst fear? What do they see the future as holding for them?
- ***Help them to develop their understanding of depression,*** particularly emphasising the role that their own core beliefs, thoughts and actions can have on their feelings. It is important to help them see that there is always hope.
- ***Help them to see their feelings as making sense,*** given either the external circumstances of their lives and/or what they are thinking and how they are feeling. It can be particularly important for adolescents to know that their feelings of anger, upset, sadness etc are not wrong in themselves and that they can learn ways of expressing these appropriately and safely.
- ***Help them to see that it is often 'ok not to feel good'.*** Adults can often become very fearful if young people are not 'happy'. They worry about this and many of them are terrified that

this is going to lead to suicide. It is vital that we as adults keep a sense of perspective and help young people to realise that there are moments when it makes perfect sense that they will feel disappointed, unhappy, upset etc. The key thing is acknowledging that they do feel that way (even to themselves, if not to others) and then focusing on what they can do to make themselves feel better.

- ***Help them to recognise and identify their thoughts as ‘helpful’ or ‘unhelpful’ and to become aware of any core beliefs that they might have.*** Adolescents can be particularly sensitive and egocentric and may consider that everything that happens is to do with them. If they believe that they are not good enough for instance then they will look for confirmation of this everywhere. Often it can be beneficial to help them question their thoughts, label them as ‘helpful’ or ‘unhelpful’ and for them to realise that just because they believe something does not make it true.
- ***Help them separate out ‘thoughts of suicide’ from ‘suicide’*** Often young people with depression may have thoughts that they would be better off dead. It is important that the guidance counsellors help them to see these in context and to separate out the thoughts from actions. All too often people assume that because they think such thoughts they are ‘suicidal’. They can become frightened by these thoughts and tragically some young people take their own lives. There is also an assumption that just because someone has been diagnosed with depression that he/she will die by suicide. While suicide may be a risk it is not and does not have to be inevitable.
- ***Emphasise how their actions are key to how they feel and help them identify these as ‘helpful or unhelpful’.*** Many of the actions adolescents who have depression do are unhelpful – these include withdrawing, procrastinating, comparing themselves to others, blaming themselves and others, beating themselves up and worrying about the past and the future. Some may also engage in planning on taking their own lives. If it becomes apparent that a young person is actively doing exactly that, it is essential that the guidance counsellor respond immediately in line with their school plan. This would typically include informing the young person’s parents, the school principal and the young person’s GP. It is essential though to focus on the helpful actions that young people with depression are doing – these may include actually attending getting up and coming in to school, doing homework, confiding in parents and guidance counsellors.
- ***Work with them to develop a clear plan*** of how they can do something every day which will give them pleasure (not alcohol related and these do not need to cost money). Also, it is good to stress that they may not feel better immediately and that sometimes they may actually feel worse. For instance if they have withdrawn socially from friends it can be extremely difficult for them to move towards them once more.
- ***Work with them to build up their social and assertiveness skills.*** This may seem obvious but a young person with depression may actually not be able to hold eye contact, may not know how to start a conversation, how to change a subject or how to invite others to do something with them. Guidance counsellors are well-placed to teach/reinforce good social and assertiveness skills.
- ***Teach them on to use breathing and mindfulness exercises to help them ‘stay’ with the emotions and develop compassion for themselves and others.*** Depression and anxiety are often linked and young people may become extremely anxious because they do not *feel* good. They may also be extremely self-critical as well as being critical of others. There are

many excellent resources available to help them develop a sense of compassion including Bates (2011), Kabat Zinn et al 2012, Kennedy (2012), Gilbert (2013, 2012), Williams (2012) and Williams and Penman (2011). The Sanctuary (www.sanctuary.ie) offers a range of mindfulness and meditation courses which you may be interested in doing.

- ***Help young people develop resilience and to become more hopeful.*** Often people who have experienced all sorts of difficulties and challenges actually become much better at coping with stress. It can be very helpful for young people with depression to begin to see that they may learn from their experiences in a way that will stand to them in the future.
- ***Work with young people to develop compassion towards themselves.*** Typically people with depression may compare themselves unfavourably to their peers, dismiss what they do well, convince themselves that they are not as good as anyone else and be extremely hard on themselves. It can be extremely difficult, if not impossible, to challenge such views. Therefore it may be useful for the guidance counsellor to help them monitor their mood, thoughts and activities on a daily basis and to look particularly for what they do well everyday.
- ***Explain the link between alcohol and other substances on their mood.*** It is easy for young people to underestimate the impact which alcohol may play in their moods. They may also seriously underestimate the amount of alcohol that they consume on a regular basis.
- ***Support young adolescents who have been diagnosed with depression through the impact this may be having on their parents, siblings and friends.*** Typically adolescents can be very self-conscious. If they have been diagnosed with depression they may be even more so and may see any difficulty in their families or peers as being completely because of them. It can be important to help them talk about this and to help them gain perspective that this might not be the case. However, they could be right and it may be that others are walking 'on egg shells' around them, which may actually be making things worse. Guidance counsellors are well placed to objectively support young people to look at what they can do to either improve such relationships or to protect themselves from becoming the sole reason for someone else not being happy.
- ***Ensure that young people know that they have at least one adult who they can go to when things are difficult for them.*** For many adolescents this adult will be a parent, but for those who genuinely do not see themselves as being able to talk to anyone in their own families, the guidance counsellor can take on an extremely important role.
- ***Ensure that the young people know the limits to confidentiality.*** This is a note of warning as it might be necessary to advise the young people of the limitations of confidentiality at different times during your work as they may forget, tell you something which you need to report and then become very distressed at what they may see as a betrayal of their confidences. It can be good practice to remind them at every session that 'practically everything which you talk about' is confidential, and then summarise the limitations which refer to self-harm and/or child abuse.
- ***Use the 'Coping Sentence' (Hayes, 2006, 2011) to help the young person acknowledge their feelings, link these to something which makes sense and focus on helpful actions: 'I feel because but'*** Some examples include:

‘I feel awful because I think I always make a mess of things but I choose to focus on what I do well’.

‘I feel sad because I just do but I choose to learn to care for myself’.

‘I feel really upset because I think I am causing lots of problems for my family but I choose to act in a helpful way’.

If an adolescent really believes that he or she is not as good as others, all of the convincing and reassurance that a guidance counsellor can do probably will not make them believe otherwise. Instead the word ‘maybe’ can be extremely useful, for instance:

‘I feel scared because I think there is no point to my being here but maybe there is’.

- ***Develop a sense of hope.*** This is vital as hopelessness can be such a key feature of depression. Guidance counsellors can help young people see what worked well for them in the past, what it was that they did to help that to happen and what skills they have to help them in the future. In a world that has become increasingly focused on the negative it is vital to help young people take a wider perspective and look at what is actually going well in their lives currently.

7. How Aware can Help Guidance Counsellors

Aware works to help people develop proactive approaches to understand and cope with depression through providing support, information and education. One of its key programmes is its revised ‘Beat the Blues’ programme, ‘Think, Feel, Act’, which is free for Senior Cycle students in Secondary Schools. This is based on cognitive behavioural principles and uses the ‘Coping Triangle’ to help young people learn about depression and how to develop coping skills and resilience.

Given that depression and anxiety are so common in adults, guidance counsellors and teachers who experience depression themselves will also benefit from the services Aware provides. One of these is a six-session Life Skills course for adults called ‘Living Life to the Full’. This was developed by Dr. Chris Williams and is focused on helping participants to use cognitive behavioural principles to improve the quality of their lives. It is primarily aimed at adults who have mild to moderate depression and thanks to the generosity of the staff of a major supermarket in making Aware its Charity of 2012 and 2013, this course is provided free of charge to participants. Aware also provides a Life Skills programme online free of charge. This was developed by Dr. John Sharry and his colleagues in Silver Cloud. It is an eight-session course based on cognitive behavioural principles. I would encourage any guidance counsellor who may experience depression to avail of one or both these services. As well as developing coping skills for themselves, these courses will provide them with tools, which they can then use and share with their students. In addition Aware has an email service, ‘We Can Help’, a Helpline and Support Groups that provide direct support to people who are concerned about depression and anxiety. Its website www.aware.ie is an excellent resource that gives information and has a library of lectures which key professionals have given on various aspects of depression on behalf of Aware since 2011.

Conclusion

The ‘bio-psycho-social’ approach to depression indicates that while there may be a biological/genetic component that can be treated with medication, other factors such as a sense of worthlessness and a tendency to isolate and withdraw may also be integral to a young person

developing depression. While medication can have a very important role to play, psychological therapies in helping a young person understand depression and learn to manage it are recognised as important. Cognitive behavioural therapy is often the therapy of choice as it is evidence based, logical and time-limited. While it is not within the role of guidance counsellors to treat young people for depression, they are well placed to use cognitive behavioural principles in their work to support the work of GP's and professionals. Mindfulness techniques have also been found to be very effective in helping young people 'stay' with their feelings and cope with them and the more familiar guidance counsellors are with these, the better they will be able to draw on them in their work. As people with depression can have a tendency to be extremely harsh, it is vital to help them develop a sense of compassion for themselves and others.

In working with a young person who you think may have depression it is important to explore what depression means for you. Do you consider depression as an illness, an excuse, an understandable reaction to external events and/or thoughts, something to panic about, something to be ashamed of? Have you experienced depression yourself? Is depression something that you feel confident in dealing with or does it frighten you? Remember young people can be very resilient and can cope better than they or anyone else might expect. However, if a young person experiences five or more symptoms of depression on a consistent basis over a period of two weeks it is important that he/she be referred to their G.P. It is important to remember that while girls can tend to talk more and exhibit signs of depression many boys may hide their feelings. It can be difficult to identify the young person who has depression and often the 'clown' in the classroom may be masking depression. Anxiety and depression can be very linked and people can become extremely anxious because they have depression. Young people may not know how alcohol can make them vulnerable to harming themselves.

The 'Coping Triangle' (Hayes, 2006, 2011) is a tool which uses cognitive behavioural principles to equip young people with the ability to acknowledge their feelings, question their thoughts, challenge their beliefs and most particularly focus on acting in ways which are helpful to themselves in preventing or coping with depression and anxiety. Aware provides a free programme for Senior Cycle Students aimed at helping them to understand depression and cope with stressors using the 'Coping Triangle'. It also has a range of resources which are of benefit to Guidance Counsellors and which are available on www.aware.ie

Earlier I noted that depression is too common. The projected statistics by the World Health Organisation are shocking. Yet does depression have to become the number one global burden of disease by 2030? Now is the time to help young people develop skills to cope with and even prevent depression. In working proactively to help them acknowledge their feelings, become aware of their thoughts, challenge their beliefs and in particular focus on helpful actions they can do to take responsibility for their own mental health, they can build up resilience and compassion for themselves and others. You, their guidance counsellor, are in an ideal position to do this. I encourage you to continue to explore your own experiences and beliefs of adolescence and depression, continue to develop your own knowledge and understanding of depression and how it can impact on adolescents and continue to support young people who may be experiencing depression. You can best do this by looking after your own mental health, availing of regular supervision, drawing on supports such as GPs, the HSE and remembering the power of hope!

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Further Information

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Biography

Dr. Claire Hayes works as a clinical psychologist, educational psychologist, lecturer and author. She is a member of the Institute of Guidance Counsellors, was a lecturer on the Higher Diploma in School Guidance and Counselling in the National University of Ireland Maynooth (1996-2003), worked with guidance counsellors in seven schools on her PhD research 'Helping Adolescents Cope' (1998-2001), was Researcher/Consultant for the National Guidance Forum in 2006 and researched the counselling aspect of the guidance counsellors' role in 2009/2010 with Professor Mark Morgan. Since May 2011 Claire works as Clinical Director with Aware and is also in Private Practice.